

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/936786

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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23	1	1				
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30	1	1				
31	1	1				
32	1	1				
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36	1	1				
37	1	1				
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41	1	1				
42	1	1				
43	1	1				
44	1	1				
45	1	1				
46	1	1				
47	1	1				
48	1	1				
49	1	1				
50	1	1				
TOTAL IND.	4		4			
TOTAL DEP.	30	↔	30	↔		
TOTAL CLAIMS	34	↔	34	↔		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.				↓		
TOTAL CLAIMS				↓		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831